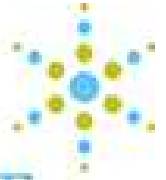




# AMERICORPS

Corporation for  
NATIONAL &  
COMMUNITY  
SERVICE



## POINTS OF LIGHT

### **COMMUNITY EMERGENCY PREPAREDNESS CORPS APPLICATION**

The Community Emergency Preparedness Corps (CEP Corps), an AmeriCorps National program implemented by Points of Light, creates disaster resilient communities by increasing preparedness of individuals and families through volunteer engagement.

#### **PLEASE READ THIS INFORMATION BEFORE COMPLETING THIS APPLICATION.**

- You may use additional sheets of paper to provide more detailed information that will not fit on this application form. Enclose everything in the final application that you submit.
  - Two reference forms are enclosed in this packet. They are an important part of your application and must be submitted with your application. Your application cannot be considered without references.
  - Make a copy of your application for your personal records before you send it in.
  - Send your application to the right place. Please refer to the back cover for instructions.
-



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## PERSONAL PROFILE

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

AmeriCorps members must be a United States citizen, U.S. national or lawful permanent resident. Are you a United States citizen, national, or lawful permanent resident alien? ☐ Yes ☐ No

If you are lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date?

FINAL FOUR NUMBERS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

You will provide your full social security number later in the process

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
CITY/STATE/COUNTRY

GENDER: ☐ Male ☐ Female

Earliest date you are available to begin service: \_\_\_\_\_

**CURRENT ADDRESS:** All information will be sent to this address unless you notify us of a change.

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you moving within the next six months?

☐ Yes ☐ No If yes, when\*? \_\_\_\_\_

MONTH/DAY/YEAR

\*Please notify us of new address at time of move.



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**EMERGENCY CONTACT/PERMANENT ADDRESS** (If different than above): Please give the name and address of a person through who you can always be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
FIRST LAST

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Home Phone: ( ) Work Phone ( )

Cell Phone: ( ) E-Mail: \_\_\_\_\_

## EDUCATION

Check the highest level of education that you will have completed by the time you are planning to begin in Community Emergency Preparedness Corps. (Check only one.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Some high school                | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Graduate degree               |
| <input type="checkbox"/> High school diploma or GED      | <input type="checkbox"/> Some college       | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Technical school/Apprenticeship | <input type="checkbox"/> Bachelor's degree  |  |

List all schools after high school that you have attended, including trade or technical schools, military training and employment training programs.

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From Mo./Yr.	To Mo./Yr.			



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### COMMUNITY SERVICE

Describe how you have reached out to help others and/or how you have been involved in your own community. Explain why you decided to serve or get involved, and what you received in return-that is, that you learned or how it made you feel. Think in broad terms. List your most recent activity first. Attach a separate sheet of paper if you need more space. (Your involvement could include serving in neighborhood, school, religious, social, professional, or other volunteer groups; helping out with community service projects; or participating in less formal activities.)

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DATES OF INVOLVEMENT: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per mo.: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Involvement: \_\_\_\_\_

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DATES OF INVOLVEMENT: From: \_\_\_\_\_ To: \_\_\_\_\_ Hours per mo.: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Organization Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Involvement: \_\_\_\_\_

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### MOTIVATIONAL STATEMENT

We would like to understand more about you and your reasons for applying to the Community Emergency Preparedness Corps. Take a few minutes and consider those experiences, which have made you the person you are today. Please share with us one of these experiences and how it sparked your interest in community service, especially in the area of community emergency preparedness. If you need additional space, attach a separate piece of paper and limit your total response to 500 words.

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### EMPLOYMENT

Beginning with your current or most recent position, list and briefly describe the last four positions you have held or your last ten years of employment. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid or unpaid work experience. (You may attach a resume instead if it addresses the information requested below.)

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
Organization, City/State	From: _____ MO./YR.	Title: _____ Duties: _____
	To: _____ MO./YR.	Reason for leaving: _____
Supervisor Name/Phone/Email	Hrs./week: _____	

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
Organization, City/State	From: _____ MO./YR.	Title: _____ Duties: _____
	To: _____	



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Supervisor Name/Phone/Email	MO./YR.	Reason for leaving: _____
Hrs./week: _____		

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
Organization, City/State	From: _____ MO./YR.	Title: _____ Duties: _____
	To: _____	
Supervisor Name/Phone/Email	MO./YR.	Reason for leaving: _____
Hrs./week: _____		

NAME AND ADDRESS OF EMPLOYER	DATES	JOB TITLE AND DUTIES
Organization, City/State	From: _____ MO./YR.	Title: _____ Duties: _____
	To: _____	
Supervisor Name/Phone/Email	MO./YR.	Reason for leaving: _____
Hrs./week: _____		

Explain any period of time greater than six months not accounted for by AmeriCorps, Peace Corps, work, school, or military service. Or, explain why you have no employment history.




## SKILLS AND EXPERIENCE

Indicate skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills. EXAMPLE: ☒ Public Speaking-Club President

☐ Architectural Planning

☐ Law

☐ Business/Entrepreneur

☐ Leadership

☐ Communications

☐ Medicine

☐ Community Org./Development

☐ Public Health

☐ Conflict Resolution

☐ Recruitment

☐ Counseling

☐ Teaching/Tutoring

☐ Educations

☐ Trade/Construction

☐ Fine Arts/Crafts

☐ Writing/Editing

☐ First Aid

☐ Youth Development

☐ Fundraising/Grant Writing

☐ Public Speaking

☐ Computers/Technology

☐ Other (specify):

Do you know or have you studied any language(s) other than English? ☐ Yes ☐ No

Language(s):

Number of years studied or spoken:

Speaking Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Writing Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

In the space below or on a separate sheet of paper, provide any additional skills and experience that may be helpful in evaluating your application, including other languages spoken.

Do you have a valid driver's license?

☐ Yes  
☐ No

License #

State

(This is **not** a requirement for the Community Emergency Preparedness Corps.)



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### CRIMINAL HISTORY

The application process requires a criminal history check to ensure that community members with whom we work are protected, particularly children, individuals with disabilities, and individuals over 60 years old. We will investigate for past sexual offenses and violent crimes or crimes that would have a direct bearing on your service.

This background check will entail our search of the National Sex Offenders Registry (NSOR) and an FBI criminal history check, which will require your being fingerprinted at Pre-Service Orientation in Atlanta, GA.

You will not be permitted to serve or work with children, individuals with disabilities or individuals over 60 years of age, without supervision until the history check is complete and you are cleared. The review process is not lengthy, and normally is completed within weeks.

Answer the following questions fully. Existence of a criminal conviction or juvenile adjudications may or may not, depending on the circumstances, disqualify you from considerations. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

**Have you ever been convicted as an adult, or adjudicated as a juvenile offender, or any criminal offense by either a civilian or military court, other than minor traffic violations?** ☐ Yes ☐ No

Are you currently facing charges for any offense or on probation or parole? ☐ Yes ☐ No

If you answered "yes" to any of the questions above, please provide the following information:

Date: \_\_\_\_\_ Place: \_\_\_\_\_  
MONTH/DAY/YEAR CITY/STATE

Charge: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Court, Probation, or Parole Officer: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER AND STREET

CITY

STATE

ZIP CODE

**You may attach any additional information or explanation on a separate sheet.**





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### CERTIFICATION

Your application must be certified with your original signature in ink. Make a copy of the application first, and then sign each one.

By signing this application, or by submitting it electronically, I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. Misinformation or omission of information could result in disqualification or termination as a Community Emergency Preparedness Corps member. If I am selected for participation, I will be required to submit to a criminal history check.

**PRIVACY ACT NOTICE:** The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National and Community Service without your prior written permission.

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SIGNATURE

DATE

Print Name: \_\_\_\_\_

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**For Parent or Guardian of Applicants Under 18 Years of Age:** I have reviewed this application and I authorize my son/daughter/legal ward to apply to Community Emergency Preparedness Corps.

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SIGNATURE

DATE

NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

(IF P.O. BOX ALSO GIVE NUMBER AND STREET)    CITY    STATE    ZIP CODE



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## REFERENCE FORM

### TO THE APPLICANT:

Please complete the information below and give this form to each of your references. Select people who know you well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, classmate, co-worker, or friend to serve as a reference. Consider asking work supervisors, clergy, teachers, counselors, coaches, or someone else familiar with your motivation and community involvement.

Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to Community Emergency Preparedness Corps.

Applicant's Name:

LAST

FIRST

MIDDLE

Address:

(IF P.O. BOX ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Home Phone: ( )

Work Phone: ( )

### TO THE PERSONAL REFERENCE:

The Community Emergency Preparedness Corps is an AmeriCorps program. AmeriCorps engages more than 70,000 Americans a year in results-driven service sponsored by thousands of local and national nonprofits, public agencies, and faith-based and community organizations. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs. In return, AmeriCorps members may earn a Segal AmeriCorps Education Award that helps pay for college or pay back student loans.

The person named above is applying to be an AmeriCorps member. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation.

The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference:

LAST

FIRST

MIDDLE



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Position/Title: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: \_\_\_\_\_ Months: \_\_\_\_\_

In what capacity have you known the applicant?

☐ Job Supervisor/Employer

☐ High School Teacher

☐ Clergy

☐ Volunteer Supervisor

☐ College Instructor

☐ Coach

☐ Other (specify): \_\_\_\_\_

Please describe the situation in which you know the applicant.

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### WORK PERFORMANCE

Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

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In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

- ☐ Outstanding performance  
☐ Above average performance  
☐ Satisfactory  
☐ Below average performance  
☐ Unsatisfactory performance

### RELATIONSHIPS WITH OTHER PEOPLE

Community Emergency Preparedness Corps members must serve and communicate with people of varied cultural, economic, educational, racial and religious backgrounds. Please comment briefly on the applicant's relationships with others and ability to work as a member of a team.

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### EMOTIONAL MATURITY

Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

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### ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

If you wish, **use additional paper** to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in Community Emergency Preparedness Corps, such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the program to which he or she has applied.



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## OVERALL RECOMMENDATION

What is your overall recommendation?

- ☐ I recommend the applicant for Community Emergency Preparedness Corps service.
- ☐ I have some reservations, but I believe the applicant will succeed in serving with Community Emergency Preparedness Corps.
- ☐ I do not recommend this applicant for Community Emergency Preparedness Corps service.

## CONFIDENTIALITY STATEMENT

- ☐ I AUTHORIZE the program to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- ☐ I DO NOT authorize the program to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant

Your Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED ACROSS THE SEAL,  
DIRECTLY TO THE APPLICANT.**



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Applicant's Name:

LAST

FIRST

MIDDLE

Address:

(IF P.O. BOX ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Home Phone: ( )

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FIRST

MIDDLE



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Position/Title: \_\_\_\_\_

Organization/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

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☐ Clergy

☐ Volunteer Supervisor

☐ College Instructor

☐ Coach

☐ Other (specify): \_\_\_\_\_

Please describe the situation in which you know the applicant.

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### WORK PERFORMANCE

Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

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In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

- ☐ Outstanding performance  
☐ Above average performance  
☐ Satisfactory  
☐ Below average performance  
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### EMOTIONAL MATURITY

Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

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### ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

If you wish, **use additional paper** to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in Community Emergency Preparedness Corps, such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the program to which he or she has applied.





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## OVERALL RECOMMENDATION

What is your overall recommendation?

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Your Signature: \_\_\_\_\_

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## OPTIONAL INFORMATION

**HOW DID YOU HEAR ABOUT COMMUNITY EMERGENCY PREPAREDNESS CORPS/AMERICORPS?** You may check more than one.

- ☐ AmeriCorps Representative
- ☐ Armed Forces
- ☐ Current or former AmeriCorps member
- ☐ Friend/Relative
- ☐ Internet/Listserv/E-mail
- ☐ Newspaper/Magazine advertisement or article
- ☐ Other service organization
- ☐ Radio story or advisement
- ☐ Television advertisement or story
- ☐ Poster at school
- ☐ College guidance office/Placement office
- ☐ Department of Education
- ☐ High school guidance counselor
- ☐ Peace Corps
- ☐ Received information in the mail
- ☐ Other (specify): \_\_\_\_\_

**WHAT IS YOUR ETHNICITY?** (optional)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

**WHAT IS YOUR RACE?** (optional) Mark one or more:

- ☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South American (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American.** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## WHERE TO SEND YOUR APPLICATION

Please send your application to: Elizabeth (Bet) Savich, City of Bloomington Volunteer Network PO Box 100 Bloomington IN 47402. Questions? Contact Bet Savich at (812)349-3472 or [volunteer@bloomington.in.gov](mailto:volunteer@bloomington.in.gov).